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CONFIRMATION NO. 8723

<b>SERIAL NUMBER</b> 10/601,611	<b>FILING OR 371(c) DATE</b> 06/23/2003 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> 022719-0042	
<b>APPLICANTS</b> Sigmund Kulesa, Newton, MA; ** CONTINUING DATA ***** N/A ** FOREIGN APPLICATIONS ***** N/A IF/REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/10/2003					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 11	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 021125					
<b>TITLE</b> CATHETER WITH BLOCK-OVERRIDING SYSTEM					
<b>FILING FEE RECEIVED</b> 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		